

BEST AVAILABLE COPY

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<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51		
2		/				52		
3		/				53		
4		/				54		
5		/				55		
6		/				56		
7		/				57		
8		/				58		
9		/				59		
10		/				60		
11		/				61		
12		/				62		
13		/				63		
14	/					64		
15		/				65		
16		/				66		
17	/					67		
18	/					68		
19		/				69		
20		/				70		
21						71		
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40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	4		↓		↓		↓	
TOTAL DEP.	16	←	←	←	←			
TOTAL CLAIMS	20							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS